How to and Whom to Call

Question	How To	Who to Contact for Additional Help
Medicaid Eligibility Questions		
Who can apply for Medicaid?	Individuals / Family Members • Individuals and Family members can apply for Medicaid on benefind.ky.gov. Residents of Kentucky and Authorized Representatives can apply for Food Assistance, Cash Assistance, and Medicaid on benefind.ky.gov. Individuals or Family members may contact the Department for Community Based Services (DCBS) or visit their local DCBS office. • Individuals, Family members, and Authorized Representatives may also contact the local Community Mental Health Centers (CMHC) or Area Agencies on Aging and Independent Living (AAAIL) for assistance with the integrated Medicaid Waiver application. Authorized Representatives / Legal Guardians • An Authorized Representative may apply on behalf of the Individual (by providing the appropriate documentation). When applying on benefind.ky.gov, the appropriate forms are generated to confirm the Authorized Representative's status. Case Manager / Application Initiators • From the Medicaid Waiver Management Application (MWMA) dashboard, Case Managers / Application Initiators can apply using an integrated application for Medicaid and Waiver services. MWMA will prompt you to complete the appropriate data based on the Individual's information. NOTE: If the Individual has been denied Medicaid services before, they may re-apply at any time. In order to receive Waiver services, the Individual will need to complete an interview and evaluation for full Medicaid eligibility. If the Individual chooses to utilize MWMA, the system will walk the Individual through the appropriate data based on the Individual's information. These Individuals will not be required to complete an interview effective July 1, 2017. If the Individual chooses to apply for Medicaid via phone or in person, an interview will still be required.	For Technical issues with MWMA call: MWMA Contact Center 1-800-635-2570 (After the DMS welcome message plays, press "1," "6," and "2," to be transferred directly to the MWMA Contact Center.) For Medicaid Application Assistance call: DCBS 1-855-306-8959 For Waiver Services Application Assistance: CMHC http://dbhdid.ky.gov/crisisnos.aspx or Department of Aging and Independent Living (DAIL) for assistance in locating the nearest AAAIL 502-564-6930

Question	How To	Who to Contact for Additional Help
Medicaid Eligibility Questions		
Where do I find information about a pending Medicaid Application?	1. Select Quick Search From the MWMA Dashboard. 2. Search by Identifier Type or enter name in the First Name / Last Name field. 3. Click on Individual Name and this will take you to the Individual Summary. 4. Click on Go To benefind Dashboard, from the right column under Case Action. 5. Under the Ongoing Applications section, look in the Action Required column for a status.	DCBS 1-855-306-8959
Where do I find the letter showing the reason(s) for denial or discontinuance from Medicaid?	1. Select Quick Search From the MWMA Dashboard. 2. Search by Identifier Type or enter name in the First Name / Last Name field. 3. Click on Individual Name and this will take you to the Individual Summary. 4. Click on Go To benefind Dashboard, from the right column under Case Action. 5. Click on Messages from the benefind dashboard. 6. At the Message Center, select the notice with a subject of Notice of Eligibility (Non-MAGI) / Health Benefits Eligibility Notice (MAGI) for denial and discontinuance.	DCBS 1-855-306-8959
Where can I upload documents for Medicaid?	1. Select Quick Search From the MWMA Dashboard. 2. Search by Identifier Type or enter name in the First Name / Last Name field. 3. Click on Individual Name and this will take you to the Individual Summary. 4. Click on Go To benefind Dashboard, from the right column under Case Action. 5. From the benefind dashboard in the Request for Information section, click Upload. NOTE: When the document(s) are uploaded, a task is created for DCBS. The task will be worked according to the task due date. In addition to uploading documents, they may also be faxed, mailed, or hand-delivered to the local DCBS office. Once the documents are submitted, DCBS has up to 30 days to process the documents.	DCBS 1-855-306-8959

Question	How To	Who to Contact for Additional Help
MWMA Waiver Eligibility Questions		
How do I check the status of a MWMA application?	1. Select Quick Search From the MWMA Dashboard. 2. Search by Identifier Type or enter name in the First Name / Last Name field. 3. Click on Individual Name and this will take you to the Individual Summary. 4. Click on View Applications, from the right column under Case Action. 5. Click on the Application #. 6. From the Application Tracker, view the Application Status. NOTE: The possible status types are Saved, Submitted, Resubmitted, Complete and Incomplete.	MWMA Contact Center 1-800-635-2570 (After the DMS welcome message plays, press "1," "6," and "2," to be transferred directly to the MWMA Contact Center.)
What do I do if a MWMA application status is showing an incomplete status or an Individual has received a Waiver RFI?	1. Select Quick Search From the MWMA Dashboard. 2. Search by Identifier Type or enter name in the First Name / Last Name field. 3. Click on Individual Name and this will take you to the Individual Summary. 4. Click on View RFI Documents, from the right column under Case Action. 5. From the Upload RFI Documents you can view the Upload Status to verify that all mandatory documents have been uploaded. 6. Any documents showing a status with a red X need to be uploaded. 7. After uploading all mandatory documents the red X will change to a green "√". 8. Click submit and task is created for the Application Reviewer. NOTE: After the status changes to Submitted and all the mandatory document(s) are uploaded, a task is created for the Application Reviewer. The Application Reviewer will review the application by the task due date.	MWMA Contact Center 1-800-635-2570 (After the DMS welcome message plays, press "1," "6," and "2," to be transferred directly to the MWMA Contact Center.)

What does an MWMA application status showing complete mean?	1. Select Quick Search From the MWMA Dashboard.
	2. Search by Identifier Type or enter name in the First Name / Last Name field.
	3. Click on Individual Name and this will take you to the Individual Summary.
	   a. Under the Waiver Program Information section, the Program Status will show as Waiver Review (If the Program Status shows Waiver Review, then a task is generated and sent to the capacity reviewer).
	   b. Under the Individual Information section, Case status will show as Closed-Doesn't Meet Targeting Criteria (If the Case Status shows Closed-Doesn't Meet Targeting Criteria a letter will be sent to the Individual saying you do not qualify for Waiver services but there are other resources that will be listed).
	
	NOTE: Individual may always reapply.
		MWMA Contact Center
		
		1-800-635-2570
		
		(After the DMS welcome message plays, press "1," "6," and "2," to be transferred directly to the MWMA Contact Center.)

Question	How To	Who to Contact for Additional Help
MWMA Waiver Eligibility Questions		
Where do I see why a Waiver application was denied?	1. Select Quick Search From the MWMA Dashboard. 2. Search by Identifier Type or enter name in the First Name / Last Name field. 3. Click on Individual Name and this will take you to the Individual Summary. 4. Click on View Applications, from the right column under Case Action. 5. Click on the Application #. 6. From the Application Tracker, view the Actions Comments.	MWMA Contact Center 1-800-635-2570 (After the DMS welcome message plays, press "1," "6," and "2," to be transferred directly to the MWMA Contact Center.)
How do I upload a document that pertains to the Individual's record?	1. Select Quick Search From the MWMA Dashboard. 2. Search by Identifier Type or enter name in the First Name / Last Name field. 3. Click on Individual Name and this will take you to the Individual Summary. 4. Click on View Documents, from the right column under Case Action. 5. From View Documents select Add Another Document to upload any document pertaining to the Individual's record. NOTE: Uploading document through View Document will not trigger any tasks.	MWMA Contact Center 1-800-635-2570 (After the DMS welcome message plays, press "1," "6," and "2," to be transferred directly to the MWMA Contact Center.)
How do I view letters that have been sent via MWMA?	1. Select Quick Search From the MWMA Dashboard. 2. Search by Identifier Type or enter name in the First Name / Last Name field. 3. Click on Individual Name and this will take you to the Individual Summary. 4. Click on Message Center, from the right column under Case Action. 5. From the Message Center, you will be able to find all the Letters sent to the Individual.	MWMA Contact Center 1-800-635-2570 (After the DMS welcome message plays, press "1," "6," and "2," to be transferred directly to the MWMA Contact Center.)
I do not have a task. How do I upload a reassessment?	Please contact MWMA Contact Center if a task is needed and no task has been created for the case.	MWMA Contact Center 1-800-635-2570 (After the DMS welcome message plays, press "1," "6," and "2," to be transferred directly to the MWMA Contact Center.)

Question	How To	Who to Contact for Additional Help
MWMA Waiver Eligibility Questions		
What should I do if I see Pending Medicaid Eligibility for Waiver Enrollment as the Program Status?	1. Select Quick Search From the MWMA Dashboard. 2. Search by Identifier Type or enter name in the First Name / Last Name field. 3. Click on Individual Name and this will take you to the Individual Summary. 4. Click on Go To benefind Dashboard, from the right column under Case Action. 5. From the benefind dashboard in the Request for Information section, upload all documents listed in this section. 6. If there are no documents needed to be uploaded the Individual may need to reapply or contact DCBS for their Medicaid status. NOTE: Medicaid Eligibility information is also sent to the Individual in the "Waiver Level of Care Determination" Letter sent by MWMA.	MWMA Contact Center 1-800-635-2570 (After the DMS welcome message plays, press "1," "6," and "2," to be transferred directly to the MWMA Contact Center.) DCBS 1-855-306-8959

Question	How To	Who to Contact for Additional Help
Questions about Level of Care (LOC)		
Where do I see why I received a Lack of Information (LOI) for Level of Care?	1. From the MWMA Dashboard, under Task click start for LOI task. 2. From the Level of Care Assessment Results Summary view Assessment Activity section for comment. 3. Complete the "Level of Care" process based on the request from Carewise. NOTE: If you have any questions Contact Carewise. MWMA will also send a letter for Lack of Information to the Individual. You may view the electronic copy under the Message Center, under Case Action.	MWMA Contact Center 1-800-635-2570 (After the DMS welcome message plays, press "1," "6," and "2," to be transferred directly to the MWMA Contact Center.) Carewise 1-800-292-2392
Where do I see why the LOC was denied?	1. Select Quick Search from the MWMA Dashboard. 2. Search by Identifier Type or enter name in the First Name / Last Name field. 3. Click on Individual Name and this will take you to the Individual Summary. 4. Under the Waiver Program Information section, the Program Status will show Level of Care Not Met. 5. Click on Assessment History, from the right column under Case Action. 6. From View Assessment Click on the arrow ( ) next to the appropriate Program Assessment. 7. Click on the arrow ( ) next to the appropriate Assessment Type with most recent assessment date. 8. Click on View Details to see the Assessment Activity section for comments on the reason why the LOC was denied. NOTE: If the Individual is associated with a Case Manager, then the Case Manager will receive a notification under their Message Center for this status; Assessment / Reassessment Not Met for Individual.	MWMA Contact Center 1-800-635-2570 (After the DMS welcome message plays, press "1," "6," and "2," to be transferred directly to the MWMA Contact Center.) Carewise 1-800-292-2392
Where do I see the status after I have submitted a LOC request in MWMA?	1. Select Quick Search From the MWMA Dashboard. 2. Search by Identifier Type or enter name in the First Name / Last Name field. 3. Click on Individual Name and this will take you to the Individual Summary. 4. Under the Waiver Program Information section, the Program Status will show the status. NOTE: Before Carewise completes the review the status will show Pending LOC determination and after Carewise completes the review the possible status types are the following: • Level of Care Pending LOI	MWMA Contact Center 1-800-635-2570 (After the DMS welcome message plays, press "1," "6," and "2," to be transferred directly to the MWMA Contact Center.)

Question	How To	Who to Contact for Additional Help
	• LOC Not Met • Pending Medicaid Eligibility for Waiver Enrollment with approved LOC Dates NOTE: If the Individual is associated with a Case Manager, then the Case Manager will receive a notification under their Message Center for these two status only; LOC Met / Not Met for an Individual.	
How do I upload a document in response to an LOI request for more information?	1. From the MWMA Dashboard, under Task click start for Lack of Information task. 2. From the Level of Care Assessment Results Summary view Assessment Activity section for comment. 3. Click Next on Level of Care Assessment Results Summary. This will take you to the Diagnosis section. If information is needed then update this section. 4. Click Next to go to the Documents Upload. 5. From the Documents Upload, upload required documents. NOTE: If you have any questions contact Carewise.	MWMA Contact Center 1-800-635-2570 (After the DMS welcome message plays, press "1," "6," and "2," to be transferred directly to the MWMA Contact Center.) Carewise 1-800-292-2392
Whom do I call if my LOC dates are wrong in MWMA?	Contact the Carewise or email the UM Inbox if the LOC dates are incorrect and need to be corrected. Please be prepared to provide the member information, the waiver type, the dates currently given for LOC, and the corrected dates.	Carewise 1-800-292-2392 UM Inbox Email Um_research@hpe.com
Questions about Plan of Care		
Where do I see the status after I have submitted a Plan of Care (POC) request for MWMA?	From the MWMA Dashboard, under Plans of Care section is where you will see the status. NOTE: The possible status are the following: • Pending QIO Review (Plan is with Carewise) • Pending Supervisor Review (Plan is with Case Supervisor) • Pending CHFS Review (Plan is with CHFS) • Current (Plan is approved) • Revisions Requested by QIO (QIO needs additional information) • Current-Pending Start Date (POC is approved but will be effective on the start date)	MWMA Contact Center 1-800-635-2570 (After the DMS welcome message plays, press "1," "6," and "2," to be transferred directly to the MWMA Contact Center.)

Question	How To	Who to Contact for Additional Help
	NOTE: A notification will be sent to the Case Manager's Message Center for the following status (Current and When Submitted by Supervisor).	
I have sent POC request/modifications to Carewise. How do I know the status?	1. From the MWMA Dashboard you will see the Status under Plans of Care section changed to Pending QIO Review. 2. The task will be worked by the task due date. NOTE: If you have any questions Contact Carewise.	Carewise 1-800-292-2392 MWMA Contact Center 1-800-635-2570 (After the DMS welcome message plays, press "1," "6," and "2," to be transferred directly to the MWMA Contact Center.)
Where do I see why I received a LOI (or Revision Requested by Plan Reviewer) for a POC?	1. From the MWMA Dashboard, under Tasks, find Revisions Requested by Plan Reviewer task and then click start. 2. From the Service Details; Select the Radio button for all CM Review Required status. 3. Click View / Edit to go to Prior Authorization section. 4. Click View Service Comments to see comments under the New Service Comments section for reason for LOI. 5. Make updates needed to the Plan per the comments by Carewise and submit. NOTE: If you have any questions contact Carewise.	Carewise 1-800-292-2392 MWMA Contact Center 1-800-635-2570 (After the DMS welcome message plays, press "1," "6," and "2," to be transferred directly to the MWMA Contact Center.)
Where do I see if a POC Service(s) is denied?	1. From the MWMA Dashboard you will see the Status under Plans of Care section, under Action click Continue on the Individual you want to see which service was denied. 2. From the View Plan Details, click Next until you see Service Details. 3. From the Service Details select the Radio Button for Not Authorized status. 4. Click View / Edit to go to Prior Authorization section. 5. Click View Service Comments to see comments under the New Service Comments section for reason of denial. NOTE: If you have any questions contact Carewise.	Carewise 1-800-292-2392 MWMA Contact Center 1-800-635-2570 (After the DMS welcome message plays, press "1," "6," and "2," to be transferred directly to the MWMA Contact Center.)

Question	How To	Who to Contact for Additional Help
Where do I upload document(s) in response to a LOI for POC?	1. From the MWMA Dashboard, under Tasks, find Revisions Requested by Plan Reviewer task and then click start. 2. From the Service Details select the Radio button for each CM Review Required status. 3. Click View / Edit to go to Prior Authorization section. 4. Click View Service Comments to see comments under the New Service Comments section for reason for LOI. 5. Continue to Click Next until you come to Upload Documents. NOTE: If you have any questions Contact Carewise.	Carewise 1-800-292-2392 MWMA Contact Center 1-800-635-2570 (After the DMS welcome message plays, press "1," "6," and "2," to be transferred directly to the MWMA Contact Center).
What if a PA letter needs to be extended?	Email the UM Inbox if a PA letter needs to be extended.	UM Inbox Email Um_research@hpe.com
What will happen if a PA letter is not calculated correctly?	Email the UM Inbox if a PA letter is not calculated correctly and needs to be updated.	UM Inbox Email Um_research@hpe.com
Questions about Prior Authorizations (PA)		
I cannot find/have not received the PA letter.	Reach out to the Provider Inquiry Group if a provider is unable to see a PA Letter in KY Health-Net.	Provider Inquiry Call Center 1-800-807-1232
I do not have a PA letter yet even though Services show approved in MWMA.	After the POC is submitted and approved on MWMA, wait at least 24 hours before checking on KY Health-Net. If you do not have a PA letter within two business days, then email the UM Inbox or reach out to Provider Inquiry.	UM Inbox Email Um_research@hpe.com Provider Inquiry Call Center 1-800-807-1232
Questions about Patient Liability		
Where do I find how much the Patient Liability should be?	1. Select Quick Search From the MWMA Dashboard. 2. Search by Identifier Type or enter name in the First Name / Last Name field. 3. Click on Individual Name and this will take you to the Individual Summary. 4. Click on Go To benefind Dashboard, from the right column under Case Action. 5. Click on Messages from the benefind dashboard. 6. From the Message Center, select the notice with a subject of Notice of Eligibility.	MWMA Contact Center 1-800-635-2570 (After the DMS welcome message plays, press "1," "6," and "2," to be transferred

Question	How To	Who to Contact for Additional Help
	7. Click on Please click here to view your message. NOTE: Contact Provider Inquiry Call Center to see Patient Liability in KY Health-Net.	directly to the MWMA Contact Center). Provider Inquiry Call Center 1-800-807-1232
What will happen if Patient Liability is taken from the incorrect provider?	Email the UM Inbox or contact Provider Inquiry if Patient Liability is being taken from the incorrect provider. NOTE: Please be prepared to provide member ID, dates of service being billed, date claims submitted, and provider information.	Provider Inquiry Call Center 1-800-807-1232 UM Inbox Email Um_research@hpe.com
Why does the Member show a Patient Liability when he should not have an amount?	Contact DCBS to clarify the Patient Liability amount.	DCBS 1-855-306-8959
Questions about Claims		
My claim was denied due to a POC segment missing or being invalid.	Email the UM Inbox if a claim is being denied for missing a POC segment. Please be prepared to provide the member ID, waiver LOC type, and LOC approved dates.	UM Inbox Email Um_research@hpe.com
My claim was denied because of no available income on file.	Check to see if a Patient Liability segment is present or not for the member. You may contact DCBS. If DCBS states Patient Liability is present for member, then email the UM Inbox.	DCBS 1-855-306-8959 UM Inbox Email Um_research@hpe.com
I was told to void any paid claims when I submitted a modification for increased services.	Email the UM Inbox if you were told to void any paid claims, but require more information on the process. NOTE: Please provide the member ID, provider, date modification was submitted, and PA number of approved service.	UM Inbox Email Um_research@hpe.com

Question	How To	Who to Contact for Additional Help
Other Questions		
Where do I find a MAP 552?	1. Go to KY Health-Net. 2. Click on member from top menu bar. 3. Select Patient Liability. 4. Enter Member ID or SSN. 5. Click Search. 6. Results will display Member Info, Patient Liability dates – amount and type. 7. To view and Print the Map 552 click on view Map 552 button. NOTE: If you still have questions or are having difficulty, please contact Provider Inquiry for assistance.	Provider Inquiry Call Center 1-800-807-1232
MAP 552 is not showing on KY Health-Net.	Contact DCBS to check if the Patient Liability segment is present or not present. NOTE: If DCBS reports that the Patient Liability segment is present and it cannot be viewed on KY Health-Net, please contact Provider Inquiry Call Center.	DCBS 1-855-306-8959 Provider Inquiry Call Center 1-800-807-1232
Member is in an incorrect benefit plan (Global choices vs Optimum Choices).	All Waiver members MUST have an active LOC date, Patient Liability and a Benefit Plan. If the Waiver Member has each of these and continues to have issues, email the UM inbox. All benefit plans, including Global, Optimum, and Comprehensive will work, as long as the member has a Patient Liability and active LOC. If the Member plan changes, please check on the LOC dates and Patient Liability first. If the only issue is with the Benefit plan, please email UM Inbox.	UM Inbox Email Um_research@hpe.com
Provider Number Related Questions.	Contact the Provider Inquiry for Provider Number related questions.	Provider Inquiry Call Center 1-800-807-1232
Provider Number incorrect on PA Letter.	Email the UM Inbox if the Provider Number is incorrect on the PA letter that was received. Please provide the PA number and the correct provider number.	UM Inbox Email Um_research@hpe.com
Error code 4422 on POC segment resulting in billing denial.	Contact Carewise or email the UM Inbox for a claim being denied for error code 4422.	Carewise 1-800-292-2392 UM Inbox Email

Question	How To	Who to Contact for Additional Help
		Um_research@hpe.com
Questions Related to DCBS		
Whom can DCBS talk to about your Medicaid case?	DCBS can talk to the following: • Applicant • Applicant's Spouse • Parents of Minor Children (under 18) • Power of Attorney • Legal Guardian • Statutory Benefit Payee • Authorized Representative as Designated by Form MAP-14 DCBS may talk to the following: • Providers NOTE: Per HIPPA requirements; DCBS cannot share information with providers until Medicaid has been approved; however, DCBS can talk to providers prior to Medicaid approval, only if the applicant has completed and signed form DCBS-2 Informed Consent and Release of Information and Records.	DCBS 1-855-306-8959
My client has a Medicaid case, but it is not paying for waiver services.	Please be aware there are types of Medicaid assistance that will not pay for waiver services. The three main types are the following: 1. The Medicare Savings Program, also referred to as Qualified Medicare Beneficiary (QMB), has three categories, SLMB, QI1, and QMB. SLMB or QI1 pays for the Medicare Part B (medical insurance) premium only. QMB pays for Medicare copays and deductibles, but none of them will pay for Waiver Services. 2. Medicaid expansion for low-income adult is called ADLT Medicaid. ADLT pays for many of the same things as other types of Medicaid assistance, but it will not pay for Waiver Services. 3. KCHIP III sometimes called P7. This program provides medical coverage for uninsured children under the age of 19, whose countable household income falls between 160% and 218% of the federal poverty level. KCHIP III does not pay for any long-term care, including Waiver Services. NOTE: If you encounter an issue not listed above, where Waiver Services are not being paid, please contact DCBS.	DCBS 1-855-306-8959

Question	How To	Who to Contact for Additional Help
What can we do to get the type of Medicaid that will pay for Waiver Services?	To obtain Medicaid for Waiver Services, changes shall be made to the existing case to see if the Individual is eligible for Medicaid assistance that will pay for Waiver Services. Contact DCBS or visit the local DCBS office to report that the Individual desires Waiver Services and needs to make changes to their current Medicaid case. The DCBS worker will review the eligibility and recommend the action needed.	DCBS 1-855-306-8959

Checklist for Applying for Long Term Care Medicaid.	When applying for Medicaid for an Individual residing in a nursing facility or receiving waiver services the following information must be provided to DCBS:
	
	• The Basics needed at the time of application include:
	• Full legal name (as shown on the Social Security card)
	• Social Security Number
	• Date of Birth
	• Authorization to apply (Not required for a spouse)
	   o Power of Attorney
	   o Legal Guardianship
	   o Map-14, Authorized Representative form, which can be obtained at any DCBS office or from the DMS website at http://www.chfs.ky.gov/dms/Eligibility.htm
	
	Income from all sources, including but not limited to:
	
	• RSDI (Social Security)
	• Railroad Retirement
	• Pensions
	• IRA, 401K, etc. (verification of required minimum withdrawal and any distributions)
	• Wages, self-employment, farm, or rental income
	• Long-term care insurance (copy of the policy and verification of any payments)
	
	Verification of gross income before any withholdings is required. If the total gross income is above the special income standard ($2,205 effective 1/1/2017), a Qualifying Income Trust (QIT) will be required.
	
	Resources (all resources belonging to the applicant and members of their household)
	
	• Current month's balance and statements for the prior 3 months for all liquid resources, including but not limited to:
	   o Checking accounts
	   o Savings accounts
	   o Nursing facility resident accounts
	   o Direct Express (or other money cards)
		DCBS
		
		1-855-306-8959

Question	How To	Who to Contact for Additional Help

	o Certificates of deposit
	• Life insurance policies and current face and cash value
	• Pre-arranged funeral contracts and verification of funding
	• Property, including life estates
	• Annuities (complete copy of all annuities)
	• Trusts (complete copy of any trusts and verification of funding)
	• Caregiver or Lifetime care agreements
	• Promissory notes or land contracts
	• Home equity plans, including reverse mortgages
	
	Health Insurance
	
	• Medicare Card or Medicare claim number and effective date
	• Other health insurance cards / information
	
	Medical expenses
	
	• Medicare premiums, including part D premiums
	• Medicare supplemental premiums
	• Other health insurance premiums (including vision or dental)
	
	Household Members
	
	• Income
	• Resources
	• Shelter expenses
	    o Mortgage, along with insurance and taxes
	    o Rent
	    o Utilities (heating / cooling, water, trash, and phone)
	
	NOTE: Please be aware that this is not an all-inclusive list. Based on your interview, the DCBS caseworker may require additional verification. You should have the information listed in the Basics at the time of your interview; however, you will have 30 days to provide verification of income, resources, expenses, etc. If you find that you need additional time, please contact DCBS to request an extension. Let them know what efforts you have made to obtain the required verification and the additional amount of time needed.	

MWMA Onboarding Tip Sheet

If you are connected to a State Network at your agency and are trying to complete the onboarding process, please refer to 'What should I do if my agency uses a state network?' guide **BEFORE** you start the onboarding process mentioned below

Step 1 An Organization Administrator from your agency needs to be setup

If you do not have an email invitation with subject "**Invitation to become an Organization Admin**", please send an email to MedicaidPartnerPortal.info@ky.gov with subject "Did not receive Organization Administrator Onboarding Invite Email" and provide your org admin's First Name, Last Name, Email, Agency Name, Agency Medicaid Provider Number(s), and Contact Telephone Number.

Step 2 Organization Administrator completes the Onboarding Process

Onboarding Process

From the onboarding invite email, click on the hyperlink and perform the following steps:

i. Create a new KOG Account

ii. Activate the KOG Account by completing account verification

iii. Login to the Kentucky Online Gateway using Username and Password and setup Multi Factor Authentication using VIP ACCESS software at the following link.

https://kog.chfs.ky.gov/

iv. Verify that 'Organization Management' link is displayed under Applications Page.

(Refer to Organization Administrator Onboarding section in attached guide for detailed process)

ESSENTIAL ACTIONS:

- When creating the KOG account, provide the same email address as the email where you received the onboarding invite

- Remember the Username and Password and answers to the security questions. You will need them for log in and account activation, and for subsequent account management.

- If you are unable to download, install or use the VIP ACCESS software on your machine, contact your IT Department for assistance

If you face issues while completing the Onboarding Process as an Organization Administrator, please send an email to MedicaidPartnerPortal.info@ky.gov with subject "Issue faced during Organization Administrator Onboarding Process", and include a summary of issue(s) faced, steps taken and screenshot(s).

Step 3 Organization Administrator invites other users in the Organization

From the Organization Management link, Organization Administrator provides the First Name, Last Name, Email Address and **ONE** role for a user and sends the onboarding invitation to the user.

(Refer to section 'Sending Provider Agency User Onboarding Invitations' in attached document)

ESSENTIAL ACTIONS:

- Verify that **ABSOLUTELY ONLY ONE** role is selected while sending an invitation to a user.

- If an Organization Administrator wishes to use MWMA as a user of their organization, they will have to send an invitation to himself/herself by selecting ONE role besides Organization Administrator.

- Please **DO NOT** remove your role as an Organization Administrator while Managing User Roles.

If you face issues while inviting users, please send an email to MedicaidPartnerPortal.info@ky.gov with subject "Issue faced while sending invitations to other agency users", and include a summary of issue(s) faced, steps taken and screenshot(s).

Step 4 Invited user completes the Onboarding Process

Onboarding Process

Once the organization administrator sends an invite to a user, an email will be sent to the user's email address. From the onboarding invite email, the user clicks on the hyperlink and perform the following steps:

   i. Create a new KOG Account

   ii. Activate the KOG Account by completing account verification

   iii. Login to the Kentucky Online Gateway using Username and Password and setup Multi Factor Authentication using VIP ACCESS software at the following link.

https://kog.chfs.ky.gov/

iv. Verify that 'KHBE Self Service Portal' link is displayed under Applications Page.

(Refer to Provider Agency User Onboarding section in attached guide for detailed process)

ESSENTIAL ACTIONS:

- When creating the KOG account, provide the same email address as the email where you received the onboarding invite

- Remember the Username and Password and answers to the security questions. You will need them for log in and account activation, and for subsequent account management.

- If you are unable to download, install or use the VIP ACCESS software on your machine, contact your IT Department for assistance.

If you face any issues while completing the Onboarding Process as an Organization User, please send an email to MedicaidPartnerPortal.info@ky.gov with subject "Issue faced during Organization User Onboarding Process", and include a summary of issue(s) faced, steps taken and screenshot(s).

Step 5 Invited User Logs into MWMA

2 hours after completing the onboarding process in aforementioned step, the invited user can log into MWMA using the following URL:

https://kywaiver.ky.gov

ESSENTIAL ACTIONS:

- If you see an error message after logging in that says you have multiple roles, please seek assistance from your organization administrator.

- If you are unable to download, install or use the VIP ACCESS software on your machine, contact your IT Department for assistance.

If you face any issues logging into MWMA at the aforementioned URL, please send an email to MedicaidPartnerPortal.info@ky.gov with subject "Issue faced while logging into MWMA", and include a summary of issue(s) faced, steps taken and screenshot(s).

Detailed Step by Step Guidance can be found in the **Medicaid Waiver Management Application (MWMA) Onboarding Manual**

What should I do if my agency uses a state network?

Case Management Agencies who are on the State Network may have experienced errors during the MWMA onboarding process. Please perform the following steps to be able to complete your onboarding process and get access to MWMA.

Note: These steps should **not** be followed by users who are kynectors and need to access kynect. Please use the 'What should I do if I am a Kynector and my agency uses a state network' guide for instructions.

Contact the person in your agency who has 'Administrator' access to your machine. Ask the person to do the following:

1. Login to your machine with the credentials having Administrator access to the machine.
2. Navigate to My Computer > C > Windows > System32 > drivers > etc. as shown in Figure 1 below:
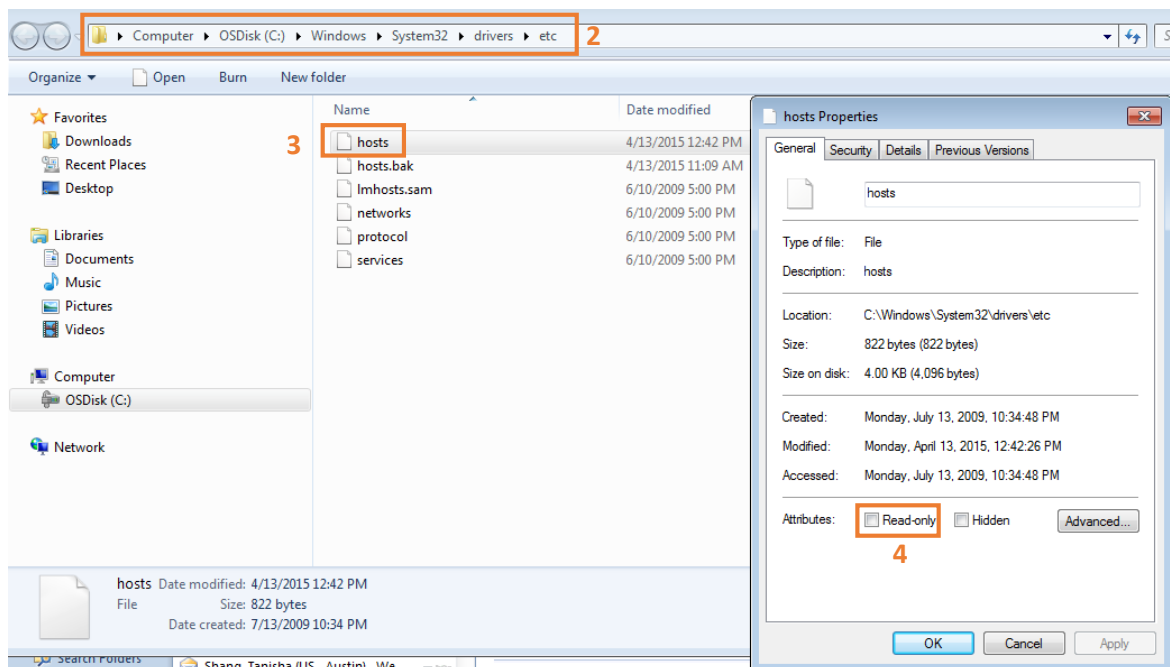

Figure 1 Removing Read-Only Attribute for hosts file

3. Right click on the **hosts** file and click on 'Properties'.
4. Under the General tab, ensure that 'Read-only' checkbox is unchecked.
5. Click 'OK'.
6. Next, navigate to Start>All Programs>Accessories>Notepad as shown in Figure 2.
7. Right click on the Notepad Icon under accessories and click on 'Run as Administrator'.
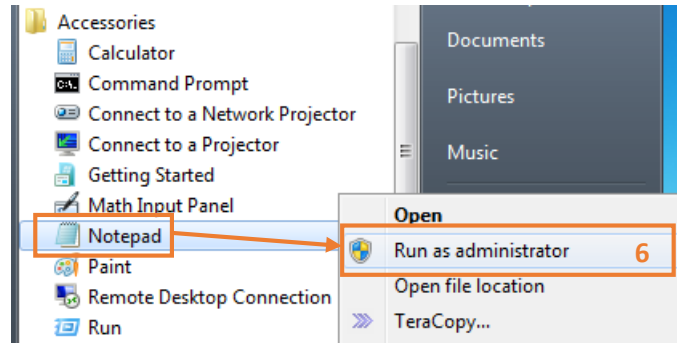
Figure 2 Run Notepad as Administrator

8. Once Notepad opens, click on File and Open.
9. Next, Navigate to the following path: My Computer > C > Windows > System32 > drivers > etc. as described in Figure 3.
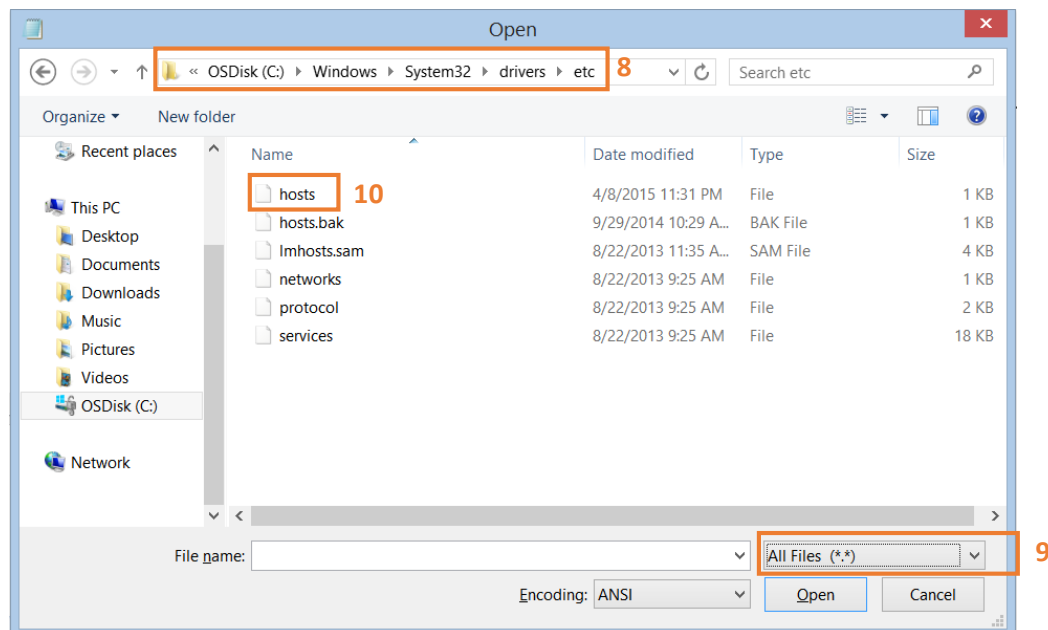
Figure 3 Open Hosts file

10. Select 'All Files' in the dropdown.
11. Locate and select the file named "hosts" and click on Open.
12. In the file, scroll down to the bottom of the file and enter the following 3 entries at the bottom, as shown in Figure 4:

    205.204.197.24   ssointernal.chfs.ky.gov
    205.204.197.25   ssointernal.chfs.ky.gov
    205.204.197.26   kog.chfs.ky.gov
13. Ensure that the 3 entries are added below the last line with the # (See figure 4 to locate).
14. Ensure that the 3 entries are added above any text at the bottom (See figure 4 to locate).
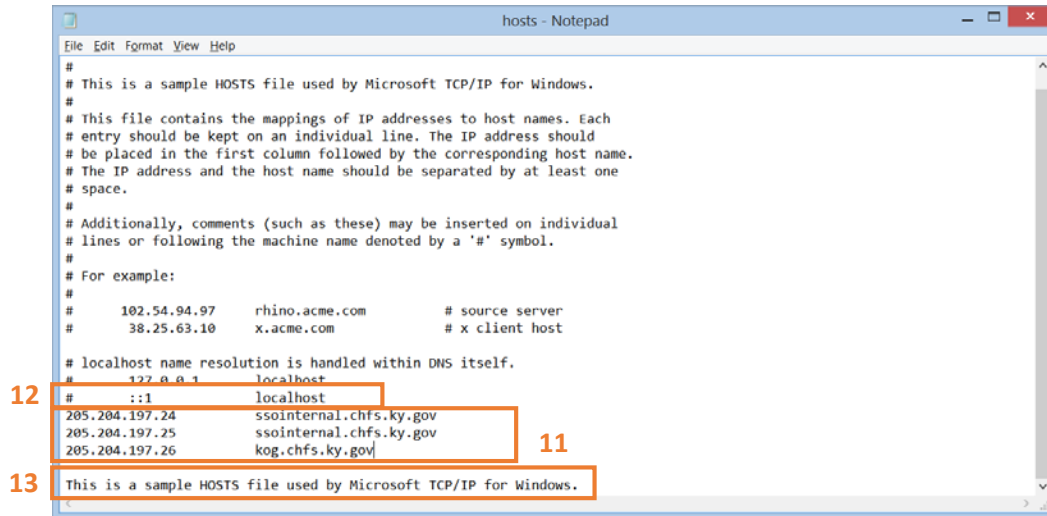
Figure 4 Hosts file entries to be added

15. Click on File and Save the changes
16. Close the Notepad file and logout from the Administrator's account.
17. Login with the credentials of the person that the desktop/laptop is assigned to.
18. Open the Email account to which the onboarding invite email was sent to and then complete the onboarding process.

If you are still facing any issues in completing the MWMA onboarding process, please send an email to MedicaidPartnerPortal.info@ky.gov with subject "Issues in Onboarding while using State Network" and provide your Name, Role, Agency Name as well as a brief summary of the steps you completed and the issue you are facing.

19. Please refer to the **MWMA Onboarding Tip Sheet** and the **MWMA Onboarding Manual** for further instructions.

MEDICAID WAIVER MANAGEMENT APPLICATION (MWMA) FOR CASE MANAGEMENT AGENCIES WEBINAR Q&A

Reminder: For system-related questions, contact the MWMA Contact Center. For policy-related questions, refer to your waiver's regulations.

Contact Center Information:

1-800-635-2570

Monday-Friday (8:00am – 5:00 pm)

After the DMS welcome message, **press 1, 6, and 2** to be transferred to the MWMA Contact Center.

1. System FAQs

Q. How do you delete old messages from your message/notification center?
A. Notifications in the Message Center are not able to be deleted. Users are able to filter notifications by period of time, but all notifications remain archived in the user's Message Center. Click on a **message** to mark it as read, which removes it from your notifications count alert.

Q. Can you explain the "channel" options on the Basic Information screen within the waiver application?
A. The *Channel* drop-down on the **Basic Information** screen displays choices for the Application Initiator to describe how the interaction with the Individual took place.

Q. What if I do not enter my SSN initially?
A. If the Application Initiator does not enter the SSN at the beginning of the application, there is an increased chance of a partial match. A partial match means the system has found an Individual in the system that may be the same as the Individual for whom the application was entered, but there are some discrepancies in the information that require DCBS review. If the user receives a Master Client Index (MCI) partial match, the user is unable to continue with the application and must contact DCBS. Therefore, it is highly recommended to enter the Individual's SSN during the application process to avoid this scenario.

Q. When someone has gone through the application process and been placed on a waitlist for MP and in the future has a new diagnosis or a change and needs to submit a new application to see if they are eligible for the HCB waiver, how do we enter it again? When we try to it won't allow us to since they already have an application in the system.
A. From the Individual's benefind Dashboard, click the **Start New Waiver Application** link to begin a new application. If an Individual already has a Case Manager assigned for **ANY** Waiver program in MWMA, then only that specific Case Manager, the Individual, or the Individual's Authorized Representative/Legal Guardian if appropriate is able to start a new application.

MEDICAID WAIVER MANAGEMENT APPLICATION (MWMA) FOR CASE MANAGEMENT AGENCIES WEBINAR Q&A

Q. There are people who only become eligible for Medicaid because they meet the Level of Care criteria for one of the waivers. For example, a person receives SSDI and therefore has Medicare and not Medicaid. How would this work?
A. When the Individual starts a new integrated Medicaid – HCBS Waiver application the system is alerted and considers the Waiver application during Medicaid eligibility determination. If the Individual would not otherwise be eligible for Medicaid, but is eligible with Waiver Level of Care (LOC), the Individual's Medicaid application is held (pended) for up to 90 days before it is denied. If the Individual receives an LOC determination of "Met" before this 90-day period expires, the Individual's Medicaid eligibility is re-evaluated based on the LOC. The Individual and their Authorized Representative if appropriate, receives a correspondence indicating next steps for Medicaid eligibility once the LOC is determined "Met." **Remember: One application is evaluated for each waiver program depending upon the answers to the waiver questions.**

Q. If a participant is already on one waiting list, what needs to happen to request consideration for another waiting list?
A. The Application Reviewer and Capacity Reviewer are able to add individuals to multiple waiting lists depending on the information provided in the Individual's application. If the Individual's situation has changed and the application review process has already been completed, the Individual/Guardian/Authorized Representative, or assigned Case Management Agency (if there is one) will need to submit a new application to start the application review process again.

Q. How do you trigger the system to identify if you are requesting an emergency SCL allocation?
A. All of the questions on what had been the emergency SCL application form are built into the waiver application questions, including how soon services are needed. It is important to include specific narrative to explain the need for emergency allocation. The Capacity Reviewer determines capacity and urgency based on the application information provided.

Q. I have a question about emergency SCL applications. I understand that now you must fill out a regular SCL application first. What if someone filled out a SCL application previously before MWMA years ago? And now they are wanting emergency SCL?
A. If the Individual's situation has changed, the user is able to submit a new application through the Individual's benefind Dashboard. The Application Initiator enters the Individual's information, capturing detailed information to provide a clear picture of the Individual, and submits the application with required documentation. **Reminder: One application is evaluated for each waiver program depending upon the answers to the waiver questions.** The Capacity Reviewer determines the Individual's Urgency of Need during Capacity Review.

Q. When I initiate a Waiver application, how long will it be before the RN assessor does her assessment?
A. There is not a specific timeline for this process because of the multiple paths that an application may take between Application Review and Capacity Review. For all waiver programs, except HCB, the Level of Care Assessment is not prompted until the Individual's Medicaid eligibility is compatible with Waiver and the Individual contacts the Case Management Agency to have them perform the assessment.

Q. Where can you see a waiver application that has been deactivated; we have some old ones that are still requesting RFI's.
A. If the user is on the Individual's **Individual Summary** screen, click **View Applications**, and the application status should be DEAC (Deactivated) for these applications. Applications that do not have a status of "*Submitted*" within 60 days of application initiation are marked "*Deactivated.*" If users do not resolve outstanding RFIs within 60 days of the application start date, the user who initiates the application must begin a new application if the Individual wishes to continue the application process. A user is able to view and upload RFI documents through the **View RFI Documents** button on the Individual Summary screen. This button is only visible and enabled if there are RFIs.

Q. How do we submit the LOC Assessment if the Individual is not accessible via our dashboard since we did not start the application process?
A. Once capacity is reserved in a waiver program for the Individual, the Individual, and their Authorized Representative as appropriate, receives a Correspondence informing them to choose an agency to perform their LOC Assessment. The Correspondence includes information needed for the agency to assign themselves to the Individual by clicking **LOC Assessment Agency Selection** link under *Quick Links* on the **MWMA Dashboard** screen. Once the LOC Assessment Agency is assigned, there will be an LOC assessment task for the assigned case manager. .
Please Note: For the HCB Waiver this task is triggered automatically to the DMS Worker with the LOC Assessor role to complete the LOC Assessment.

Q. Is the LOC/confirmation notice document accessible within MWMA and if so, where?
A. The Individual, and their Authorized Representative as appropriate, receives a Correspondence informing them that their LOC is "Met." This correspondence may be found in MWMA by navigating to the Individual's **Individual Summary** screen and clicking **Message Center** under *Case Actions*.

Q. So you're saying if the person has a current LOC that hasn't ended, the system will allow me to add their plan and not go through the assessment and initiate POC steps?
A. If the Individual's LOC dates are in the system, the user is able to add the Plan without going through the assessment. The Case Manager is able to initiate the Plan and then enter the Plan as it was approved outside the system. Please upload a copy of the Plan, as it was approved outside the system, to MWMA. **Remember: The agency must be assigned to the individual in order to submit the Indiviudal's Plan.**

Q. How do you print a waiver application if they have not been approved for a waiver program? The waiver link is not available.
A. This is printable through the **Individual Summary** screen.

Q. Are CMs the only person allowed to make changes with modifications to address/contact info?
A. No! Any user who has access to the Individual's benefind dashboard is able to make these changes.

Q. Can the Application Initiator update the address or phone number if needed?
A. Any user who has access to the Individual's benefind dashboard is able to update their address or phone number if needed!

Q. Can you change the spelling of the Individual's name?
A. The user should contact DCBS to make an update to an Individual's name. This is because the Individual's name is tied to the SSN of the Individual.

Q. How do you change the Individuals address?
A. A user is able to update an Individual's demographic information through the benefind Dashboard. For residential address changes, click **Report a Change in Circumstances**. A residential address change requires the user to re-submit the application in order for the updates to save. For mailing address changes, click the **Settings** tab. This change does not require the user to re-submit the application.

Q. "Report Changes of Circumstances" is on some screens of participants but not on others, how can we get that on all participants?
A. This functionality is related to the status of the Individual's Medicaid case. If the Medicaid Case is denied, discontinued, or in intake mode the user is unable to Report a Change in Circumstances.

Q. What is the turnaround time on a physical address change?
A. For residential address changes the Application Initiator clicks **Report a Change in Circumstance** from the Individual's benefind Dashboard. This change requires resubmission of the Individual's application. If no additional documentation is required, the update is made as soon as the Application is resubmitted.

Q. Do we need to still complete a Map 22 Medicaid Change of Address form as well and upload?
A. The MAP 22 is not required when doing the address change in the system.

Q. Will modifications to an Individual's address in benefind be reflected in the KYMMIS system?
A. Yes.

Q. Is there a way for an Individual's application to be transferred to a new case management agency? Sometimes one agency will help an Individual apply for waiver but then is unable to provide on-going case management. How does the new agency get access in order to monitor the status of the case?
A. Until the point when the Individual receives a correspondence to select their Case Management Agency, the Application Initiator Agency has access to the case. The Application Initiator transfer process may be used if the Application Initiator Agency needs to change.

When an Individual is enrolled in a Waiver program, the Individual and their Authorized Representative (if appropriate) receives a correspondence indicating that the Individual is to pick a Case Management Agency. The Case Management Agency chosen may be different from the agency that completed the initial Application. The case transfer process is used to switch the Individual from one Case Management agency to another.

Q. What if someone (unknown by client and us) started an application in MWMA in the past and wants us to continue it but they do not know who started the application to transfer, how do we get it removed?
A. The Case Supervisor is able to request an Application Initiator transfer.

Q. Can external case transfers be completed by a Case Manager rather than a Supervisor?
A. No, only a Supervisor.

Q. Did you say that only case supervisors and administrators can complete the Inability to Access Services Record? This sounds like the MAP-24. Do we still submit the paper form?
A. Only Case Supervisors and Case Management Administrators are able to submit an Inability to Access Services Record. The MAP-24 and MAP 24C are no longer used.

Q. So is the Inability to Access Services screen used for temporary hospitalizations, nursing home rehab placement etc. as the prior MAP 2 4C was used?
A. Yes, the Inability to Access Services Record replaces the MAP-24 and MAP 24C.

Q. After using the inability to access services feature, I sometimes get a task that says, "Take action on submitted record for inability to access services for Individual", and when I click Continue or Start, it does not give me any actionable items
A. The "*Take Action on Submitted Record for Inability to Access Services for Individual*" displays in the task table if the anticipated end date has passed for a submitted record of inability to access services or, 55 days have passed since the day the record of inability to access services was submitted. When this task is received, the Case Supervisor evaluates the situation and updates the record by recording the date the Individual returned to services, revising the anticipated end date for the inability to access services, or submitting a program closure request, whichever is appropriate.

Q. If a person does not access a service for more than 60 days and an extension needs to be requested, can that be done in the system?
A.. The request for extension is done as it was prior to use of MWMA. The response to the extension request is uploaded in MWMA using "view documents." At that point, the Case Supervisor revises the anticipated end date on the record, or submits the program closure, whichever is appropriate.

Q. If the Individual is going to a DIFFERENT waiver (MPW to SCL) then do we do a closure for MPW? If so, how does the SCL agency access the record in MWMA?
A. The program closure should be initiated after the LOC is "Met" and the Individual has been transferred to the new Case Management agency if appropriate. Once the Individual is transferred to the new agency, the Case Supervisor would initiate a Program Closure, and the SCL agency would be able to access the Individual's information through *Quick Search* in MWMA.

Q. How long does it take for a program closure to go through?
A. When entering the program closure request, the date entered in the *Effective Closure Date* field is the date that the Individual's program closes and they no longer receive waiver services. Program closures are reviewed and finalized by DMS.

Q. With regard to Benefind: 1. Is it appropriate that the waiver CM assist with Medicaid recertification within the Benefind system if the CM is an authorized rep and has a MAP 14 document? 2. If we have a MAP 14 for a waiver recipient is there an appropriate place within Benefind to upload this document for easy access for DCBS and member services?
A. Case Managers are able to support this process by initiating the Medicaid recertification through the Individual's benefind Dashboard. The MAP 14 may be uploaded through the Individual's benefind Dashboard.

Q. If an Individual goes to a nursing home after 60 days do they need a reassessment?
A. Three of the waivers allow an extension past 60 days to remain in the waiver and three do not. Reassessment will be needed as part of the re-enrollment process for anyone who has been disenrolled due to being without waiver services.

Q. How do we get a plan out of "historic" status so that we can make modifications or request exceptional supports?
A. In most cases when a Plan is marked as "historic" it remains "historic". There are specific scenarios where the Plan can be modified. You can reach out to the Contact Center to verify your specific scenario.

Q. How do you request Exceptional Supports if the client has not had a POC completed in MWMA yet?
A. All exceptional support requests must be done through MWMA. Users are able to access this through the Manage Plan functionality on the Individual's **Individual Summary** screen. The plan should be entered in MWMA with the appropriate exceptional units/rates.

Q. What about cases where RFI's are in the system? We can see the RFI, but nobody at Carewise or elsewhere can figure out how to resubmit the task to the Case Manager in order for the Case Manager to upload the documents into the task. We never received a task because it is still "under QIO review". We can see where they typed in the documents they are requesting but we cannot submit because the task was never sent back to the case manager.
A. For questions related to specific case numbers, please contact the Contact Center.

Q. I have a current ticket open with MWMA, as I am unable to input LOC determination information. What happens if this is not completed before the LOC date?
A. For questions related to specific case numbers, please contact the Contact Center. **Please Note: If you have already contacted the Contact Center for a specific issue, please have your ticket number available.**

MEDICAID WAIVER MANAGEMENT APPLICATION (MWMA) FOR CASE MANAGEMENT AGENCIES WEBINAR Q&A

2. General FAQs

Q. What does DBHDID stand for?
A. Department for Behavioral Health, Developmental and Intellectual Disabilities.

Q. What do you do when you get an error message that says the document is too large to upload?
A. Split it into two documents and upload it as two documents.

Q. The green "Report a change in circumstances" button was NOT on one of my clients benefind screen. I even had another co-worker come in to walk me through the process, as I thought I was missing something. It just was not there!
A. In this scenario, contact DCBS to report the change; however, this functionality is related to the status of the Individual's Medicaid case. If the Medicaid Case is denied, discontinued, or in intake mode the user is unable to Report a Change in Circumstances.

Q. Is there a place to locate case #'s for case assignment without contacting the call center?
A. The Individual should provide this information, it is included in the Correspondence they receive once is their LOC is "Met."

Q. Are Case Manager's monthly report (case note or case summary) entered into MWMA at this time
A. Yes!

Q. How long will it be before direct support services will be added to MWMA?
A. We are anticipating guidance from DMS on this topic in the future. No timeline has been determined at this time.

Q. How do you change roles for a CM from a CM to CMS or from CMS to CM?
A. The Case Management Agency's Organization Administrator has the capability to update user roles in MWMA through the Kentucky Online Gateway (KOG). For questions about this process, please contact the KOG Help Desk (KOGHelpDesk@ky.gov).

Q. Who would we contact regarding KOG questions?
A. KOGHelpDesk@ky.gov

2. Enhancements

Q. When submitting a request for Goods and Services in the Plan, how can the Case Manager know what funds have already been paid out in order to request additional services? What we have found is that a new request cannot be submitted if the previous request have not been paid out.
A. Currently, there is no way for the Case Manager to see this information in MWMA. However, there are plans for utilized amounts to be visible in MWMA in the future.

Q. Could there be a case print icon on the dashboard to avoid having to visit all those screens to get there?

A. This system enhancement suggestion has been noted for consideration.

Medicaid Waiver Management Application (MWMA)

Go-Live Frequently Asked Questions:

System Access/Onboarding, Application Intake and Review, and Transition

The following frequently asked questions (FAQs) are relevant to the go-live activities which case management agencies will be engaging in this week as they begin using the Medicaid Waiver Management Application (MWMA).

FAQs are documented under the following categories:
- System Access/Onboarding Questions
- Application Intake and Review Questions
- Transition Questions

System Access/Onboarding Questions

Q: Is my agency eligible to use MWMA? If so, how can we get access?
A: If your agency provides case management services for Medicaid waiver programs then you are eligible to use MWMA. To request access, contact the Partner Portal/MMWA Contact Center at 1-800-635-2570. You will be asked to provide your organization's provider number and to identify an Organization Administrator for your agency. The Organization Administrator is responsible for facilitating the MWMA onboarding process for agency users. Your Organization Administrator will then receive an invitation via email. Please refer for the on-boarding guide for additional steps after the receipt of the invitation.

Q: How can I find out who my Organization Administrator is?
A: You can find out who your Organization Administrator is by contacting the Partner Portal/MWMA Contact Center at 1-800-635-2570.

Q: Is MWMA accessible through a tablet or mobile phone?
A: There is no MMWA mobile application; however the full site can be accessed on a mobile or tablet using the browser on your device (e.g. Safari, Internet Explorer, Google Chrome).

Q: Is the system MAC (Safari browser) compatible?
A: While Safari is an acceptable browser, Google Chrome and Internet Explorer 9 or above are preferred browsers for accessing MWMA.

Q: I did not attend classroom training? How can I get up to speed on MWMA?
A: MWMA users can access the MWMA Training Portal which hosts an extensive set of online training materials covering each area of MWMA functionality.

Click here to access the Training Portal.*

In order to access online materials, individuals must be registered TRIS users. Individuals who do not have a TRIS account should send their name and email address to the Implementation Team at wcm_implementation@ky.gov. They will receive additional instructions on how to register for access.

Q: Can an individual be assigned to multiple user roles within MWMA?

A: Case management agency users can only be assigned to <u>one</u> user role. A user's assigned role does not necessarily limit them to performing the functions of that specified role.

For more information on the onboarding process, please refer to the MWMA Onboarding Manual located on the MWMA Training Portal. *

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Q: If a Case Manager works for multiple organizations, will they have multiple log-in credentials for each agency?

A: No. If a Case Manager works for multiple organizations, they should use a single email address to onboard to all agencies they work for. An onboarding invitation must be sent from the Organization Administrator at each agency. Upon logging in to MWMA, they will be prompted to select the organization they wish to access.

Q: How will new users get access to MWMA after go-live?

A: Each agency's Organization Administrator will initiate the onboarding process for new users by forwarding an onboarding invitation from the Kentucky Online Gateway. Additional details on the onboarding process can be found in the MWMA Onboarding Manual located on the MWMA Training Portal. *

In order to access online materials, individuals must be registered TRIS users. Individuals who do not have a TRIS account should send their name and email address to the Implementation Team at wcm_implementation@ky.gov. They will receive additional instructions on how to register for access.

Q: I am an Organization Administrator and I have assigned myself a user role in MWMA. I can no longer view my Organization Administrator privileges. How do I regain these privileges?

A. An individual does not lose their Organization Administrator privileges once they assign themselves a user role. Organization Administrator privileges are not viewable from the MWMA onboarding screens. The Organization Administrator must log back in to KOG to view and access these privileges.

Q: Can an Organization Administrator assign the Organization Administrator role to additional users?

A: Yes, an Organization Administrator can assign the Organization Administrator role to additional users. To do this, the Organization Administrator must check "Waiver Organization Administrator" for each applicable user entered on the Invite Users tab located on the Organization Details screen in the

Kentucky Online Gateway (KOG). Additional details on the MWMA onboarding process can be found in the MWMA Onboarding manual located on the MWMA Training Portal. *

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Application Intake and Review Questions

Q: Will case management agencies receive payment for submitting applications for Individuals who end up enrolling in a Waiver program?
A: No. Case management agencies will not receive payment for entering and submitting applications even if the applicant enrolls in a Medicaid waiver program.

Q: Is the application intake process the same for emergency cases across all waivers?
A: For those waiver programs that have an emergency status, the process for determining urgency of need will remain the same. Information collected during the application intake process will be used to help make the urgency of need determination.

Q: How long does an initiated application that has not been submitted remain in MWMA?
A: An initiated application that has not been submitted for review will remain in MWMA for 60 days from the last date an action was taken on the application.

Q: What is the timeframe for the application review process?
A: Application Reviewers have 3 business days to review a submitted application.

Transition Questions

Q: What is the MWMA Transition process?
A. The transition process establishes a record in MWMA for those individuals who were receiving waiver services prior to the MWMA implementation. Each case management agency is responsible for initiating the transition process for all of the currently enrolled waiver individuals to whom they provide case management services. Case management agencies will have a three month period, April 20th-July 20th 2015, to transition Individuals.

For more information on the Transition process, please refer to the April 13th issue of the MWMA Information Bulletin or the Transition training materials located on the MWMA Training Portal. *

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Q: Who should be transitioned into MWMA and when?

A: All Individuals who are already enrolled in Medicaid waiver programs as of April 20, 2015 should be **transitioned into MWMA by July 20th**. NOTE: If the individual is due for Annual Level of Care Reassessment on or before June 30, 2015, then perform the reassessment following existing processes and forms (outside of MWMA) before transitioning the individual in MWMA. Once reassessment is complete, transition the individual into MWMA (by July 20th) with the new LOC End Date.

This flow diagram provides the steps and timing to be followed:

Transition Plan Visual
Flow.pdf

For more information on the Transition process, please refer to the April 13th issue of the MWMA Information Bulletin or the Transition training materials located on the MWMA Training Portal. *

In order to access online materials, individuals must be registered TRIS users. Individuals who do not have a TRIS account should send their name and email address to the Implementation Team at wcm_implementation@ky.gov. They will receive additional instructions on how to register for access.